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APPLICANTS

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>C. Stiles</i>			
Verified and Acknowledged	INITIALS <i>cod</i>			

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 04743  
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 SEARS TOWER  
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TITLE  
 Medical or dental rod-like handpiece having a display

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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